

AND ORGANIZER

FOR:

Tax Year 2015

PROVIDED BY:

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This booklet is provided to assist you in compiling the necessary information to prepare your tax return accurately. Given the uncertain nature of tax laws this year, please include as much requested information as possible. This will help maximize your deductions in the event late tax law changes are adopted.

	PERSO	ON	ALI	ATA					
Taxpayer (or single)					Spo	use			
Name (Last, First, Initial)			Name (L	ast, First, Initial)					
SSN DOB Oct	SN DOB Occupation					B Occupation			
Mailing Address			Mailing Ad	ddress □ Ched	k if add	lress is nev	N		
City, State & Zip	County		City, State	e & Zip				County	
Phone: H W C Phone:	Н	WC	Phone:		HWC	Phone:		H	WC
E-Mail Address:			E-Mail Ad	ldress:					
	DEP	EN	IDER	ITS					1
N1		X	f not livin	g with you	ı	No. of mos	s. lived in	n your ho	me*
Name (First, Initial and Last)	(D.O.B.			al Security No			ationsh		+
If more lines needed above, list two o	n a lina C	ooiol	Coourity	Numbore are	regul	ired for a	all dene	ndents	
If married but filing senarately list nat	ne of spou	se ar	nd Socia	I Security Nur	nber a	at top of	page.	ilucitto.	
If filing Head of Household and qualif	ying persor	n is y	our child	l but not your	deper	ndent ab	ove,		
enter child's name here Place an asterisk by any dependent a	attending of	alloge	or noci	-cocondary s	chool				_
QUESTIONS: (Yes answers, please		Jilegi	or posi	. Scoondary o	011001.				
1 Did your name, address or marita	al status ch	ange	during	the year?			Yes		
Are you being claimed as a dependent of the control of the co	ndent on a	noth	er tax ref	turn?			Yes Yes		
Are you (or your spouse) blind or L. If you claim children above that c	permanen Ion't live wi	th vo	sableu? u. are th	ev			103		0
allowed as a result of pre-1985 a	areement?						Yes	□ N	
5. Did you carry forward or incur an *Remember, children's time away fi	y adoption	expe	enses du	ring the year?	nto oo	timo in	Yes	∐ N	0
*Remember, children's time away ii	rom nome	wrine	allenuii	ig scribbi cou	illo ao	unie m	your no	////C.	
INCOME '						NDE	D		
If someone else prepared your tax re	eturn last ye	ear, p	lease pr	Federal	T	State		Loca	al
Delenge poid on lest year's voture (s	r prior voor	c)		redetal		State	,	LUG	۸۱
Balance paid on last year's return (or Refunds received from last year's ref			ore)						
	·	4/15							
ESTIMATED TAX PAID -	1st Qtr. 2nd Qtr.	6/15							
If not paid by due dates indicated, list actual dates paid. If state/local tax paid	3rd Qtr.	9/15							
on different dates, attach details.	-	1/15							,
	4th Qtr.	1/10	,						

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INCOME

WAGES/SALARIES/W-2 FORMS

		Taxable	Withheld		Other Taxe	s Withheld	d
T/S	Name of Employer	Wages	Fed. Tax	Soc. Sec.	Medicare	State	Local
				20 4			
							101.01

Enclose all W-2 wage and tax statements.

TS	MISCEL	LANEOUS IN	COME (Show Losses in Br	acket	rs)
J		Source of Inco	me	1	Amount
	Alimony (No	ot Child Support) (If you p	ay Alimony - list on page 9)		
	Jury Duty (Or Other Public Service)			
	Tips/Gratuities	(Not Reported on W-2			
	Contest/Award	ls/Gambling Winnings (A	ttach 1099-MISC, W2G or Explain)		
	Commissions/l	Bonuses (Not Reported	d on W-2)		
	Pensions/Annu	uities (Furnish 1099-R F	Forms or Detail)		
	IRA/Keogh	(Attach Form 1099-R)			
	Profit Sharing	Distributions (Attach Fo	orm 1099-R)		
	Unemploymen	t Compensation (Attach 10	99-G Form)	9.6	
	Partnerships/E	Estates/Trusts (Furnish	K-1 Forms or Details) *		
	Small Busines	s Corporations/Sub Chapt	er S (Furnish K-1 Forms) *		
	Business/Self-	Employed (Furnish Sch	nedule or Details) *		
	Farm (Furn	ish Schedule or Details)	*	74.0	
	Rental (Fur	nish Schedule or Details)	*		
	Forgiven Debt	☐ Check if due to fored	closure		
	Other (Expl	ain)			
* f	you did not active	ely or materially participate	in earning the income (or loss) listed		✓ this box
	Child Support/ Veterans Bene	Payments/Assistance (efits/Disability Income		en i	f not taxable)
		ompensation/Loss of Time	Payments		
	Other (Explain Other (Explain				
	Code		CURITY (Form SSA - 1099)		Benefits (from box 5)
	T — Taxpayer		Taxpayer		Denenia (nom box 3)
	S — Spouse J — Joint	IMPORTANT: provide all SSA-1099 statements	Spouse		
	se these codes if arried filing jointly	Note any Federal tax with			

	INT	ERES			Into	root		0 D
	Name of Payer (always use payer name I	listed on the 1	1099)	·		rest ount	Exempt	Ë
-								
-								
-								
	Penalty for early withdrawal of saving nterest income reported on all 1099-INT and 10		ns Use	These Codes b	elow if from ir) ndicated s	sources	I A
ac n hc	the all 1099 forms reported of an 1000 fixth and what all 1099 forms reporting Tax Withheld. ot list IRA or Retirement Plan reported interest frawn and not redeposited in another Retireme ays. if 1099 forms attached	Lunless	MB IN US	MUNICIPAL INSTALLME U.S. BONDS TAX EXEMP	BONDS NT SALES	BY SELL	LIST CODE HERE	
_ 	DIV	/IDEN	ID IN	COME				
		Total Or	dinary	Qualified	Capi	tal	_Non	1
	Name of Payer (payer name from 1099)	Divide	ends 1	Dividends	Gain	IS*	Taxable	
-								
-								
- 1								
-								
					1.15	4-110	200 DIV	
st	Gross Dividends above as reported on 1099-D	DIV forms	If in	doubt about a	ny amounts lis	ated on 10	099-DIV, ed with it.	A
CE	Gross Dividends above as reported on 1099-D lived. Dividends under \$10 do not require a 109 Related to mutual funds.	99.	atta	doubt about a ich the 1099 ar as information r	id any explana	ation maile	ed with it.	<u></u>
CE	Related to mutual funds. CAPITAL	ye, ✓ if this	atta 1099 DIV ha NS A	as information r	not listed abov	e please	ed with it. check here —	1099-S
CE	sived. Dividends under \$10 do not require a 10st Related to mutual funds.	ye, ✓ if this	atta 1099 DIV ha NS A	as information r	od any explana not listed abov DSSES y and Real	state (A	ed with it. check here —	sis C
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SALE OF PERSONAL	RESIDE	NGE		\
Date Old Residence Acquired	Cost or Basis			
Improvements (Additions, Landscaping, Driveway, New	Roof, etc.)			
Fixing-Up Expenses (Painting, Repairs, etc., To Prepare				
Date Old Residence Sold	Selling Price			
Expenses of Sale (Commissions, Legal Fees, Points, Stan	nps, etc.)			
Was any part of residence rented during the year?			Yes	No 🗆
2. Did you own and use the home as your principal resid at least 2 of the last five years?	ence for	Taxpayer: Spouse:	Yes ☐ Yes ☐	No □ No □
3. Was the sale of residence due to a job transfer, medical	or unforeseen circ		Yes	No 🗆
4. Have you deferred a gain from the sale of a personal relif so, please provide Form 2119 from tax return for year	residence into the	home sold?		No 🗔
5. Was the residence used as a home office?			Yes 🖂	No 🖂
6. Have you or spouse sold a principal residence within t	he last two years	?	Yes 🖂	No 🗆
7. Has either spouse died in the past two years?			Yes□	No 🗆
NEW RESID	ENCE			
Date New Residence Acquired (Or Construction Began)				
Date You Occupied New Residence	Cost of New	Residence		11
If married, do you and your spouse have the same pro interest in the new residence as in the old? Special Note: Capital Gains Tax laws allow exclusion of up to \$500,0		(Single/HH) of I	Yes nome sale	No 🗆
Did either you or your spouse have NO ownership inte	rest in a principal		Yes 🗆	No □
restrence in the past times veats prior to this officials			100	INOLL
residence in the past three years prior to this purchas Attach Copy of Real Estate Closing Papers HIGHER EDUCATIO	for both the sale a	ISES	•	INO
Attach Copy of Real Estate Closing Papers HIGHER EDUCATIO Note: Many higher education expenses qualify for special qualify as exclusions from income for tax-free and/or penal	for both the sale of the sale	ISES eductions. Othals from your	ners may	
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DEDUCTIONS

List only amounts that have actually been paid during the year. Save all cancelled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar. **DO NOT DUPLICATE ANY ENTRY.**

/s	Drugs and Medicines					Amount				
	Prescriptions & Drugs	(Doctor Prescrib	ed On	ly)					
	Insulin									
Γ/S	Medical Insurance Please specify if paid Pre Tax After Tax Unsure									
	Insurance — Paid by You (✔ If Paid Through a Health Insurance Exchange □)									
	Group Health Plans	(De	ducted from Sal	ary; pi	rovide final year pay stub)					
	Medicare Premiums	Froi	m Social Securi	ty Ben	efits					
		Froi	From Supplemental Insurance							
	Long-term Health Car	e Insu	rance							
	HSA, Other									
T/S	*Doctors, Dentists, Clinic Hospitals, Nurses, Etc.	s,	Amount Paid By You	T/S	Other Medical Expenses	Amount Paid By You				
					Eye Glasses/Contact Lenses					
					Hearing Aids & Supplies					
					X-Ray/Lab Fees					
					Ambulance, Paramedics					
					Nurses (Board & Room)					
H					Medical Aid Rental					
					Artificial Teeth					
					Equipment (Prescribed)					
					Nursing Home Medical Care					
					Medicare Part B Service Payments					
					Smoking Cessation Program					
					Parking / Transportation Fees					
	*Summary Total (Option	al)			State Side Balances State Windows Confidence					
	Lodging: While away fr	om ho	me (per day pe	r perso	on maximums apply)					
	Transportation: Total nu	ımber	of miles driven	for me	edical reasons or actual cost					
	Above amounts reimbu									
	Note any Health Insurar	nce Pr	emium Credits P	eceive	ed during the year.					

NOTE: Use T/S columns above and on page 9 under MISCELLANEOUS if married and filing separately or to determine if filing separately could be beneficial. Be sure to include co-payments for doctor visits.

	Description of Tax		State Located		ount Tax
Real Estate Tax	es (Include whether you plan to	o itemize or not)			
	es (Other) (Exclude if included				
Property Tax Re	(
Personal Proper	ty Tax (If Any)				
Auto Licenses (l	Not a Deduction in All States)	Number of Licenses	Total Cost		
State or Local In	ncome Taxes (If Not Listed El	sewhere or on W-2) (Des	scribe Below)		
Sales Tax*:					
Other:					
Comments or E	xplanations:				
	e sales tax support documents f	or any large purchases in	ade during the	e year.	
INTER	EST (Amounts names and social	al security numbers must match	Form 1098 issued	d by financial in	stitutions.)
INTERI Mortgage	(Amounts, names, and social Paid to Financial Institution	al security numbers must match (Form 1098)	Form 1098 issued	by financial in	stitutions.)
Mortgage Interest		(Form 1098)		d by financial in	stitutions.)
Mortgage	Paid to Financial Institution	(Form 1098)		d by financial in	
Mortgage Interest Principal	Paid to Financial Institution Paid to an Individual (List n	(Form 1098) ame, address, Soc. Sec Address			
Mortgage Interest Principal Residence Mortgage Interest	Paid to Financial Institution Paid to an Individual (List no Name	(Form 1098) ame, address, Soc. Sec Address (Form 1098)	. no. below)		
Mortgage Interest Principal Residence	Paid to Financial Institution Paid to an Individual (List n Name Paid to Financial Institution	(Form 1098) ame, address, Soc. Sec Address (Form 1098)	. no. below)		c. No.
Mortgage Interest Principal Residence Mortgage Interest Second Home Did you acquire	Paid to Financial Institution Paid to an Individual (List n Name Paid to Financial Institution Paid to an Individual (List n Name a new mortgage or borrow on a	(Form 1098) ame, address, Soc. Sec Address (Form 1098) ame, address, Soc. Sec Address	. no. below)	So. Sec	5. No.
Mortgage Interest Principal Residence Mortgage Interest Second Home Did you acquire (provide closing set If yes, what	Paid to Financial Institution Paid to an Individual (List no Name) Paid to Financial Institution Paid to an Individual (List no Name) a new mortgage or borrow on a lement papers - pages 1 & 2) is your combined mortgage debt	(Form 1098) ame, address, Soc. Sec Address (Form 1098) ame, address, Soc. Sec Address an existing mortgage duri	. no. below) no. below) ng the year?	So. Sec	5. No.
Mortgage Interest Principal Residence Mortgage Interest Second Home Did you acquire (provide closing set If yes, what Mortgage ir	Paid to Financial Institution Paid to an Individual (List no Name) Paid to Financial Institution Paid to an Individual (List no Name) a new mortgage or borrow on a stement papers - pages 1 & 2) is your combined mortgage debugsurance premiums paid (new institution)	(Form 1098) ame, address, Soc. Sec Address (Form 1098) ame, address, Soc. Sec Address an existing mortgage duri	. no. below) no. below) ng the year?	So. Sec	5. No.
Mortgage Interest Principal Residence Mortgage Interest Second Home Did you acquire (provide closing set If yes, what Mortgage ir Points paid to a	Paid to Financial Institution Paid to an Individual (List no Name) Paid to Financial Institution Paid to an Individual (List no Name) a new mortgage or borrow on a stement papers - pages 1 & 2) is your combined mortgage debt is urance premiums paid (new institution) cquire new mortgage (if not incompare the notation)	(Form 1098) ame, address, Soc. Sec Address (Form 1098) ame, address, Soc. Sec Address an existing mortgage duri ot? surance contracts issued 200 cluded above)	. no. below) no. below) ng the year?	So. Sec	5. No.
Mortgage Interest Principal Residence Mortgage Interest Second Home Did you acquire (provide closing set If yes, what Mortgage ir Points paid to a	Paid to Financial Institution Paid to an Individual (List no Name) Paid to Financial Institution Paid to an Individual (List no Name) a new mortgage or borrow on a later papers - pages 1 & 2) is your combined mortgage debustrance premiums paid (new institution) country in the page of the	(Form 1098) ame, address, Soc. Sec Address (Form 1098) ame, address, Soc. Sec Address an existing mortgage duri ot? surance contracts issued 200 cluded above) 1098)	. no. below) no. below) ng the year?	So. Sec	5. No.
Mortgage Interest Principal Residence Mortgage Interest Second Home Did you acquire (provide closing set If yes, what Mortgage ir Points paid to a Home Equity Lo Home Improver	Paid to Financial Institution Paid to an Individual (List no Name) Paid to Financial Institution Paid to Financial Institution Paid to an Individual (List no Name) The anew mortgage or borrow on a stement papers - pages 1 & 2) The issurance premiums paid (new institution) The importance premiums paid (new institution) The importance premiums paid (from institution) The	(Form 1098) ame, address, Soc. Sec Address (Form 1098) ame, address, Soc. Sec Address an existing mortgage duri ot? surance contracts issued 200 cluded above) 1098)	no. below) ng the year?	So. Sec	5. No.
Mortgage Interest Principal Residence Mortgage Interest Second Home Did you acquire (provide closing set If yes, what Mortgage ir Points paid to a Home Equity Lo Home Improver	Paid to Financial Institution Paid to an Individual (List no Name) Paid to Financial Institution Paid to an Individual (List no Name) a new mortgage or borrow on a later papers - pages 1 & 2) is your combined mortgage debustrance premiums paid (new institution) country in the page of the	(Form 1098) ame, address, Soc. Sec Address (Form 1098) ame, address, Soc. Sec Address an existing mortgage duri ot? surance contracts issued 200 cluded above) 1098)	no. below) ng the year?	So. Sec	5. No.
Mortgage Interest Principal Residence Mortgage Interest Second Home Did you acquire (provide closing set If yes, what Mortgage ir Points paid to a Home Equity Lo Home Improver Student Loan In	Paid to Financial Institution Paid to an Individual (List no Name) Paid to Financial Institution Paid to Financial Institution Paid to an Individual (List no Name) The anew mortgage or borrow on a stement papers - pages 1 & 2) The issurance premiums paid (new institution) The importance premiums paid (new institution) The importance premiums paid (from institution) The	(Form 1098) ame, address, Soc. Sec Address (Form 1098) ame, address, Soc. Sec Address an existing mortgage duri ot? surance contracts issued 200 cluded above) 1098) 1098) ho for, date of loan, purpo	no. below) ng the year?	So. Sec	5. No.

NOTE: Personal interest from credit cards, department stores, autos, bank loans, etc., is not deductible.

		C	ONTRIE	3U	TIONS			
T/S	Church and Religious				If N	Receipt	Х	Amount
	Church (Name)							
	Church (Other)	n.						
	Other Religious (Name)							
Of	her Charitable Organizations (*Yo	u musi	t have a cancelled (check	, a bank record or receipt fro	om donee for a	all cas	h contributions)
T/S	If No Receipt*	1 1	Amount	T/S	a Peter Processing	Receipt*	Х	Amount
	Cancer				Heart Fund			
	Easter Seals				Christmas Seals	Ng kitang		
	Red Cross				United Way			restrate nou
	Scouts				YMCA/YWCA			
	Blind				Educational TV/Rad	0		
	Muscular Dystrophy							
8	Arthritis Foundation							
	Veteran's Organization (Name							
	Schools (Name & Describe)							
	Misc. Door-to-Door							THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE S
	Other:							Marin -
	Summary Total Optional (See	note	below)					
No If y	te: A summary total for cash or che ou received a gift for your donatio	ck co n liste	ntributions may l ed above, reduc	be us e you	sed above. Political cont ur donation by the value	ributions are of the gift.	not	deductible.
No	on-Cash Contribution (List the Fai	Marl	ket Value of non-	cash	items donated, such as	clothing and	othe	r property).
	Name of Organization		Item	ns Do	onated	Date		Value
			m Visital di J	44				
			Autor street					
an ov the ite	te: If non-cash donations have a total daddress of donee organization, the er \$5,000 require appraisal). If you do vehicle, your deduction value is genoms must be in good or better condition.	purch nated erally n.	nase date, cost and a vehicle, please limited to the am	nd the e atta ount	e method used to arrive a ach your Charity's acknow of the sale proceeds. Do	at fair market vledgement. nated clothin	value If the g and	e (items Charity sells d household
Vo	lunteer Work — Mileage (Church	, Hos						
	Name of Organization		Activit	ty P€	erformed	Parking		Miles Driven
						20015. Hilly		ensylvis)
M	eals, lodging and other expense	may	also be allowe	-d —	- list full details			

					EDUCE ED GROSS INC	OME IS ALLOWED	Α	
S	A	mount	T/S				Amou	ınt
Tax Preparation Fees					Deposit B			
Union Dues					essional D			
Subs. & Trade Journals					s/Shoes/G			1000
Uniforms and Upkeep						rpenses (Detail)	
Second Job Mileage Telephone (Explain red	#			IRA/	Keogh Fur	nd Fees		
relephone	quirementy		- 1					
investment Exp., '	and it in I Pa	id to: (Name)			SS	N		
Alimony Paid (Not subject to 2 Gambling Losses (Not sub	iject to 2% limit i		ambling	Winnings	s)			
Gambing Losses								613ET
See ne	ext page (10) for Auto ar	nd Em	ployee	Business E	Expenses.		
CASUALTY ONLY THE TOTAL NET RESULT THAT EXCE	EDS 10% OF A	ADJUSTED GR	OSS IN	COME IS	ALLOWED	if loss is in F declared disast	er area. L	
rom Fire, Storm, Theft and Au ind of Property or Item	ito Damagi		e tha Acqu				each.	
ind of Property of item		Date	Acqu	med	Cost or B			
escribe How or What Happene	d·	Data	of Lo	100	Insurance	et Value — Bef	foro	M. S.
escribe flow of writat flappene	u.	Date	OI LO			et Value — Bei et Value — Afte		
					I all Iviain	et value — Alte	J	_
are expenses must be for child under the required to be gainfully employed.	oyed (or a	al physically of full time st	uden	tally inca	apacitated) 'if service		care benefits.	
are expenses must be for child under 1	13 or individua oyed (or a	al physically c	uden	tally inca	apacitated) 'if service	vided dependent	care benefits.	
are expenses must be for child under t f required to be gainfully empl	oyed (or a	al physically of full time st	uden	tally inca	apacitated) 'if service	vided dependent performed in yo	care benefits.	
are expenses must be for child under to frequired to be gainfully employed Name of Provider	3 or individua oyed (or a Soc. S	al physically of full time st	r ment uden lumb	tally inca	apacitated) if service A	vided dependent performed in yo ddress	care benefits.	
are expenses must be for child under to required to be gainfully employed in the Name of Provider Rederal ID number if required	oyed (or a	al physically of full time st	r ment uden lumb	t) "X" er	apacitated) if service A	vided dependent performed in you ddress id During Year	care benefits. our home (Na Paid	
re expenses must be for child under to required to be gainfully employed and the Name of Provider Rederal ID number if required to file IRS wage reports.	3 or individual oyed (or a Soc. S	al physically of full time st ec. or ID N	Tot	ally ince t) "X" er al Chil	apacitated) if service A Id Care Pa	vided dependent performed in you ddress id During Year ler Age 13	care benefits. Dur home (Nai Paid \$ #	nny)
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re expenses must be for child under to required to be gainfully employed and the Name of Provider Rederal ID number if required to file IRS wage reports.	# # der details. Exp	al physically of full time st ec. or ID N	Total No.	er All Child	apacitated) Arif service Arif de Care Parillidren Unc	vided dependent performed in you ddress id During Year ler Age 13	care benefits. Dur home (Nai Paid \$ #	nny)
re expenses must be for child under to required to be gainfully employed. Name of Provider Tederal ID number if required to file IRS wage reports. Form W-10 should be used to obtain provider	# # der details. Exp	al physically of full time stee. or ID N	Tot No.	er all Chil	papacitated) if service A Id Care Pa nildren Unc ild or depender	vided dependent performed in you ddress id During Year ler Age 13	care benefits. Dur home (Nai Paid \$ #	nny)
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required to be gainfully employed in the provider Name of Provider Federal ID number if required to file IRS wage reports. Form W-10 should be used to obtain provider Miles from old home to old job Cost to pack & ship household	# der details. Exp	enses must be VING d personal	Tot No. a allocate	er al Chill of Childed by ch	Id Care Panildren Unc	vided dependent performed in you ddress id During Year ler Age 13 nt. If more space need	care benefits. Dur home (Nai Paid \$ # ded, attach list with	nny)
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A

F	MPLOY	EE B	USIR	IESS	EXPENS	ES		
Vehicle Mileage Detail		Odomete				Vehic	e 1	Vehicle 2
X if another vehicle is available f	or	A. End o		.9	4			
Subtract B from A for (1), Total Mile	s Driven.	B. Begin	ning of Y	'ear			- 4 2 (27)	
List Business Mile (2), from driving	log. Subtract	1. Total I		ara se			301-198-	
2 from 1 to get personal miles (3). I by line 1 for percent of business us		2. Business Miles						W-10-25
Number of round-trip miles		3. Perso	nal Miles		No.			
from home to work?		4. Other						
Number of days worked last year?		% Bus	siness U	se (Line 2	÷ Line 1) =		%	%
				I È III	9/15/1/16/2			
Vehicle Expenses (If bo	oth taxpayer	and spous	e have d	eductions,	use vehicle 1 for	taxpa	yer, 2	for spouse)
	Vehicle :		cle 2			Vehic		Vehicle 2
Gas & Oil				Licenses				
Washing/Lube		San Basilia		Lease Pa	yments			
Repairs/Maint.				Other				
Tires/Accessories				Other				
Insurance						or total		
	Date Placed in Service	Make	Year	Model	Cost or Basis		X if	New This Year
Vehicle 1	1 1						acquir	h details on newly ed vehicles and
Vehicle 2	1 1				- bases		trade- old ve	in or disposition of hicle.
Travel Expenses — Aw	ay from Hom	ne (Days G	one Ove	rnight)			
(non-reimbursed)	Taxpaye	er Spo	ouse			Taxp	ayer	Spouse
Transportation		15.6		Auto Rer	ntals	186		an de star de
Lodging		to do la		Cabs, Bu	ıs, etc.	67		
Other Business Expens	se (If more li	nes neede	d continu	ue on back	page.)			
Postage/Cards		*		Commis	sions			
Office Supplies				Other				
Parking/Tolls				Other				
Reimbursement for All			The second secon					
Meals & Entertainment	(Must have	supportive	records	and recei	ots)			
Meals & Tips				Tickets 8	& Events			
Entertainment				Gifts				
Reimbursement for Me	als & Enterta	inment onl	y — if no	t reported	on W-2			
Did you purchase any	business eq	uipment du	uring the	year? Y	es No No			
If yes, list on back cov	er: date bou	ght, cost, d	escriptio	n and trad	e-in details.			a listad above
I have adequate record	s and sufficie	ent written	evidence	to support	use of vehicles a	ind dec	luction	is listed above.
(Please Sign)								
		LJ6	MAR	OFFI	CE.			
		ITIC	INIE	OFFI				
Type of Business				-	Carros		Doth [
If Justified for Bu	siness or Pro	otessional	Use for:	Taxpayer	· □ Spouse		Both [
Date Acquired Home				Utilities		o musta a l	loon	
Cost of Land					nortgage, home	equity	ioan)	
Cost of Home				Taxes				
Cost of Improvement				Insurance				
Sq. footage of living a					Maintenance			the beautiful and the
Sq. ft. of office area	(incl. inventory & sample storage)		Other:			30.74	

QUESTIONS (you or spouse)

For y	es answers, supply details on the next page or on a separate sheet:		
1.	Were you notified by the IRS or STATE of any change to a tax return?	Yes 🗆	No □
2.	Are any of your claimed dependents not residents or citizens of the U.S.?	Yes 🗆	No □
3.	Did you make any gifts of over \$14,000 to any individual		
0.	(no tax advantage to you)?	Yes	No 🗆
4.	Do you have any foreign income or foreign bank accounts?	Yes	No 🗆
5.	Did you have living expenses in a foreign country as a result of		
	income earned abroad?	Yes	No 🗆
6.	Do you have any worthless stocks, uncollectible bad debts or were a		
	victim of a ponzi scheme?	Yes	No 🗆
7	Did you become disabled during the year?	Yes	No 🗆
8.	Are you a handicapped employee?	Yes	No 🗆
9.	Did you receive any distribution from an IRA, Profit Sharing or Pension Plan?	Yes	No 🗆
10.	Have you used bartering to exchange any goods or services?	Yes	No 🗆
11.	Did you live in a presidentally declared disaster area or incur a loss due		
	to conditions in a Presidentially declared disaster relief area?	Yes	No 🗆
12.	Did you receive any insurance or other reimbursement from a prior		
	year casualty, theft loss or medical deduction?	Yes 🗌	No 🗆
13.	Did you start a new business during the year or do you expect to		
	start one this coming year?	Yes	No 🗆
14.	Do you expect any significant changes in income, withholding taxes		
	or your tax liability for the coming year?	Yes	No 🗆
15.	Did you receive any source of income that is not listed in this booklet		
	(lottery, awards, etc.)?	Yes	No 🗆
16.	Do you have children under age 19 with investment income (age 24 if	V =	
	dependent student)?	Yes	No 🗆
17.	Did you pay anyone (over 18) \$1,900 or more to work at your home		
	(housecleaning, yard work or other domestic help) during the calendar	Voc 🗆	No 🗆
40	year? If yes, submit details.	Yes	No 🗆
18.	Do you wish to designate \$3.00 of your taxes to the Presidential Campaign Fund (no cost to you)? You Yes □ No □ Spouse	Yes 🗆	No □
10		Yes 🗆	No 🗆
19.	Are you and a same-sex partner considered legally married in any state?		
20.	Did you donate a partial interest in any goods to charitable organizations?	Yes	No 🗆
21.	Do you have a Medical or Health Savings Account (MSA or HSA)?	Yes	No 🗆
22.	If you reached the age of 70½, have you begun your mandatory	Yes 🗆	No 🗆
00	retirement saving withdrawals?	Yes \square	No 🗆
23.	Did you receive employer-provided: commuter transportation benefits? educational assistance?	Yes	No 🗆
24	Did you pay long term healthcare insurance premiums or receive benefits?	Yes 🗆	No 🗆
24.		Yes 🗆	No 🗆
25.	Are you paying off a student loan?	162	140
26.	Are you a school teacher who paid for classroom materials without reimbursement? Please provide a recap of expenses for potential deduction.	Yes	No 🗆
27.	Have you or your dependents taken a distribution from a Qualified	100	140
21.	Tuition Program (QTP) of an educational institution during this year?	Yes 🗆	No 🗆
28.	Did you roll funds into a Roth IRA or recharacterize a Roth IRA?	Yes 🗆	No 🗆
29.	Did you purchase any energy efficient equipment during the year (hybrid	100	140
23.	car, air conditioner, furnace, windows, doors, water heater, etc.)?	Yes	No 🗆
30.	Did you have qualified military combat pay?	Yes	No 🗆
31.	Do you own bonds that qualify for the Gulf Bond, Renewable Energy or	.00	.100
01.	Build America bond credits?	Yes	No 🗆
32.	If over age 70½, did you make a direct contribution to a charity from an IRA?	Yes 🗆	No 🗆
33.	Do all your family members have health insurance?	Yes	No 🗆
34.	Did you receive any premium health insurance credits during the year?	Yes	No 🗆
04.	Did you receive any premium health insulance credits during the year!	100	140